

nocturnal dexmedetomidine at rate of 0.2-0.7 µg/kg/h. A case series done to explore the use of dexmedetomidine in post-traumatic brain injury (TBI) showed dexmedetomidine at a rate of 0.49 µg/kg/h in 85 patients with severe TBI did not worsen neurological function.

Conclusion. Delirium in ICU patients occur at exceptionally high rates and there is a need for clear pharmacologic treatment. Current literature supports the use of dexmedetomidine for reduction of delirium in ICU patients with potential to eliminate risk associated with previously used antipsychotics and benefits of safe use in TBI, decreased risk of polypharmacy and overall mortality associated with ICU delirium.

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An Epoch of Ekbom's Syndrome

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Introduction. Delusional parasitosis, yclept Ekbom's Syndrome, was originally described in 1938 and has an incidence of up to 4.2 per 100,000 people (Olivera, 2017; Orsolini, 2020). While the average duration of this delusion is three years, it can last decades (Al-Imam, 2019). Ekbom's Syndrome of ultra-short duration, only one hour, has not heretofore been described.

Methods. A 36-year-old woman with a past history of schizoaffective disorder, bipolar subtype, generalized anxiety disorder, and alcohol use disorder with a history of seizures and delirium tremens presented with a one-hour duration of the delusion of being infested with bugs. She believed that microscopic bugs flew up her nose, stayed there for one hour, and flew out. This had never happened to her before nor since. She admitted to sadness, crying spells, hopelessness, lack of social interaction, anhedonia, fatigue, irritability, anger, insomnia, anorexia, low interest, amotivation, lack of sexuality, racing thoughts, and anxiety. She denied déjà vu and jamais vu, or any other hallucinations—tactile, visual, or auditory.

Results. Abnormalities in Neurologic Examination: Mental Status Examination: Oriented x2, hyperverbal, anxious mood, blunted affect. Memory Testing: Immediate Recall: 6 digits forwards and 4 backwards. Recent Recall: 2 of 4 objects in three minutes without reinforcement, 4 of 4 objects with reinforcement. Remote Recall: Unable to name the presidents. Able to spell the word "world" forwards, but not backwards.

Oral Calculations: 75%. Written Calculations: 50%. Ideomotor Apraxia: Absent. Ideational Apraxia: 66%. Vocabulary Testing: 19/24. Drawing to Commands: 1/3. Higher Cognitive Function Test: 66%. Proverbs: 60%. Similarities: 80%. Judgement: 40%. Cranial Nerve (CN) Examination abnormalities. Cranial Nerve (CN) Examination: CN I: Alcohol Sniff Test: 2 (anosmia). CN III, IV, VI: Bilateral ptosis. Reflexes: 3+ throughout. Other: Blood Alcohol: 0.03.

Conclusions. Delusional Parasitosis, in Diagnostic and Statistical Manual V (DSM V), is categorized as delusional disorder, somatic type, and requires persistence of symptoms for at least one month (American Psychiatric Association, 2013). Ekbom's Syndrome is

generally years in duration, ranging from months to decades, with over 20% of individuals suffering for more than five years (Hinkle, 2010). Others have found that mean duration is 2.6 years and suggested that a shorter duration reflected a better prognosis (Boggild, 2010). In a meta-analysis of 1,223 cases, mean duration was found to be three years with no correlation between age of onset and duration of delusions (Trabert, 1995). In a study with 365 patients with delusional parasitosis, 39% had symptoms for less than 1 year, 61% were of greater than a year, and 20% had Ekbom Syndrome for five years or longer (Reilly, 1986). A short duration of 3 months has also been noted but delusional parasitosis is more typically seen to last more than twenty years (Martins, 2016; Colbeaux, 2020; Dridi, 2015; Olari, 2011; Alves, 2010; Nicolato, 2006; Mahler, 2008; Bellanger, 2009). The one-hour duration in our patient suggests either that this delusional disorder diagnosis must remain provisional or the criteria should be reduced to substantially less than one-month duration. In those with symptoms of delusional parasitosis, the transient nature of symptoms should not preclude the diagnosis and query as to this disorder in those with acute delusions may be revealing.

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Aripiprazole Once-Monthly for the Treatment of Adult Patients in the Earlier Stages of Bipolar I Disorder: A Post Hoc Analysis of Clinical Trial Data

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Introduction. The efficacy and safety of aripiprazole once-monthly 400 mg (AOM 400) as maintenance monotherapy treatment for bipolar I disorder (BP-I) were demonstrated in a double-blind, placebo-controlled, 52-week randomized withdrawal trial (NCT01567527). This *post hoc* analysis of data from NCT01567527 evaluated the efficacy of AOM 400 in the earlier BP-I population.

Methods. Patients within the first quartile of the dataset according to age (18–32 years: AOM 400, n=36; placebo, n=34) or disease duration (≤4.6 years: AOM 400, n=33; placebo, n=34) were considered to be in the earlier stages of BP-I, and were included. The primary outcome was time from randomization to recurrence of any mood episode, defined as meeting any one of several predetermined criteria, including Young Mania Rating Scale (YMRS) total score ≥15 or clinical worsening.

Results. Time to recurrence of any mood episode was significantly delayed with AOM 400 versus placebo in patients aged 18–32 years (hazard ratio [HR]: 2.462 [95% confidence interval (CI): 1.092, 5.547]; p<0.05) and in patients with a disease duration ≤4.6 years (HR: 3.207 [95% CI: 1.346, 7.645]; p<0.01). Further